EMERGENCY SUPPLY

Perishable Items Should Be Replaced After 6 Months

ESSENTIALS:	SANITATION:
☐ Battery Operated Radio	Disinfectant
☐ Flashlight	☐ Household Chlorine Bleach
Extra Batteries	Soap, Liquid Detergent
WATER:	Personal Hygiene Items
5 Gallons Per Person, Minimum, In A Food Grade	Feminine Supplies
☐ Plastic Container	Plastic Bucket with Tight Lid
Additional Water for Sanitation	☐ Toilet Paper, Towletts, Paper Towels
FOOD: Minimum 5, 7 Day Supply of non-parichable food	☐ Plastic Garbage Bags, Ties
Minimum 5 -7 Day Supply of non-perishable food that requires no prepartion	TOOLS AND SUPPLIES:
Dry Cereal	Whistle
Peanut Butter	Aluminum Foil
Canned Fruits	Crowbar
Canned Vegetables	Compass
Canned Juice	Paper/Pencil
Ready to Eat Canned Meats	☐ Plastic Sheeting
Ready to Eat Soups	☐ Medicine Dropper
Quick Energy Snacks	Sewing Needle & Thread
FIRST AID KIT:	Signal Flare
Scissors	☐ Matches in Waterproof Container
☐ Sun Screen	☐ Corded Telephone
☐ Thermometer	Assorted Nails, Wood Screws
Tweezers	Pliers, Screwdrivers, Hammer
Syringe (for medication dispensing	Plastic Storage Containers
Cleansing Agent/Soup	Heavy Cotton or Hemp Rope
Latex Gloves (2 Pairs)	Cash or Traveler's Checks, Change
Moistened Towlettes	☐ Map of the Area
Assorted Sizes of Safety Pins	☐ Non-Electrical Can Opener, Utility Knife
Two Inch Sterile Gauze Pads (4-6)	Paper Plates and Plastic Utensils
Two Inch Sterile Roller Bandages (3 Rolls)	☐ Tape, Duct and Plumbers Tape
Triangular Bandages (3)	Patch Kit and Can of Seal In Air for Tires
Tube of Petroleum Jelly	Wrench to Turn off Gas and Water
Sterile Bandaids	
Laxative	
Anti-Diarrhea Medication	F
Aspirin or Non-Aspirin Pain Reliever	
Antacid (for Stomach Upset)	
Antibiotic Ointment	

CLOTHING AND BEDDING:	IMPORTANT PHONE NUMBERS: (Please complete the information
Sunglasses	below according to your records)
☐ Rain Gear	
☐ Hat & Gloves	My Water Provider is:
Sturdy Shoes or Work Boots	Phone Number:
Blankets or Sleeping Bags	
FOR BABY:	My Electrical Provider is:
Formula	Phone Number:
☐ Diapers	Phone Number:
Bottles	
☐ Medication	My Gas Provider is:
Powdered Milk	Phone Number :
FOR PETS:	
Food	
Leash, Harness, & Carrier/Crate	
Records of Vaccinations	
Non-Tippable Food & Water Bowls	
IMPORTANT FAMILY DOCUMENTS:	
☐ Important Telephone Numbers	
Record of Bank Account Numbers	
Family Records	
☐ Inventory of Valuable Goods	
Copy of Will, Insurance Policies, Contract, Deeds, Stocks, Bonds	
Record of Credit Card Accounts	
Copy of Passports, Social Security Cards, Immunization	
FAMILY MEDICAL NEEDS:	
☐ Insulin	
Prescription Drugs (2 Week Supply)	
☐ Denture Needs	
Extra Eye Glasses & Hearing-Aid Batteries	
Contact Lenses and Supplies	